
Preface

Smoke-Free Families: supplement overview

The papers in this supplement detail the research findings of projects funded by The Robert Wood Johnson Foundation's (RWJF) Smoke-Free Families (SFF) program. As a collection of conceptual overviews, review articles, and empirical studies on the subject of smoking during pregnancy and the postpartum period, this work represents important new material to add to the knowledge base of what might make for the most effective, efficient, and disseminable interventions for promoting smoke-free families.

Orleans *et al* (page iii6) set the context for the SFF program, providing an overview behind the RWJF rationale for funding programs delivered during pregnancy and the postnatal period. This paper nests the research efforts within a three pronged product development model. The authors explain that the first component of the model aims to strengthen the science or intervention "push", by testing or improving interventions for wider use. The second component aims to increase the demand (or "pull") for effective interventions by demonstrating cost-benefit and cost-effectiveness and providing other incentives. A third component aims to build the capacity of health systems to routinely deliver effective interventions, through system changes, technical assistance and other strategies.

Eight peer reviewed original research papers are contained in the supplement. Melvin *et al* (page iii12) describe the development and underlying methodology of user friendly software, accessible on the internet, to allow US states to estimate pregnancy related, smoking attributable costs for their populations. DiClemente *et al* (page iii16) give an insightful review of the conceptual basis for intervening with smokers during pregnancy and the postpartum period, making a series of recommendations pertinent to future research efforts and clinical interventions to promote smoking cessation. Hovell *et al* (page iii22) carefully review the literature on the relation between quantitatively reported measures of children's exposure to environmental tobacco smoke and measures of nicotine or cotinine. The authors highlight the complexities involved in assessment, and make helpful recommendations for future research.

Windsor *et al* (page iii29) present a practical method for assessing the extent of implementation of pregnancy related smoking cessation program intervention components, which can be equally applied to smoking inter-

vention programs with other patient subgroups. Identification of elements of an intended intervention that have been poorly implemented is essential, not only for interpreting behaviour change outcomes, but in revising programs for further evaluation and/or dissemination. A closer look at intervention delivery is provided by Velasquez *et al* (page iii36), who focus on the issue of how best to train and support health care providers to deliver motivational interviewing—an increasingly commonly used technique in smoking cessation programs. The paper provides the type of process evaluation that rarely gets a showing in the literature and will likely be helpful to many researchers and quality improvement personnel. Pregnant smokers with low intentions of quitting are characterised in a study by Ershoff *et al* (page iii41), who go on to discuss alternative options for intervention involving targeting, triage, and tailoring for this challenging but important subgroup of pregnant women. Two final papers examine the implementation of smoking cessation intervention elements by health care providers in the field. Barker *et al* (page iii46) present and discuss the results of the first survey of smoking intervention activity for pregnant women in managed care, while Klerman *et al* (page iii51) focus upon smoking intervention activities of Healthy Start programs, funded specifically for women at high risk of adverse pregnancy outcome.

The supplement also contains brief reports on the results of 10 of the 11 intervention trials funded by the SFF program. These project briefs demonstrate the range of innovative approaches tested. A technical report is also provided, detailing the standardised method of assessing smoking behaviour at baseline and follow up used by these intervention programs (page iii87). A recurring theme in these project briefs is the importance of designing interventions that are practical for implementation within the constraints of busy practice settings, where research is not a priority and there are many competing demands upon health providers.

By way of a conclusion to the papers in the supplement, Melvin *et al* (page iii80) provide a review of the evidence base supporting recommended steps for health providers to intervene with smokers: "ask, advise, assess, assist, and arrange". This paper is an important outcome of a consensus conference co-sponsored by the SFF program. A workshop summary is also appended, which summarises the current state

of knowledge concerning the use of pharmacotherapies for smoking cessation in pregnancy and outlines a research agenda for this topical issue. Finally, Goldenberg *et al* (page iii85) summarise and thoughtfully discuss the lessons learned from the first phase of the SFF program—lessons that are relevant for all those who are interested in and concerned about developing and delivering improved interventions for this population.

It is hoped that this journal supplement will provide new insights, empirical evidence, and

practical tools for those who are concerned to undertake research and improve program delivery for pregnant and postpartum women and parents of young children.

MELANIE WAKEFIELD
Guest Editor

*Health Research and Policy Centers,
University of Illinois at Chicago,
850 West Jackson Boulevard, Suite 400,
Chicago, IL 60607, USA
melanew@uic.edu*



By Justin Hillgrove, 12th grade,
Snohomish High School, Snohomish, USA.

Who wrote:

I hate the smoke; it actually makes me sick.

I have allergies and asthma and people
smoking around me make it much worse.

Luckily my close friends don't smoke.

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